



~ 2010 Benefits Guide ~

Cumberland Heights is proud to offer their employees the following competitive benefits program. This benefit guide has been designed to provide you with information about benefit choices available to you for 2010. Please elect or decline each benefit and submit your forms to your benefits representative within 30 days of becoming a full time benefit eligible employee.

MEDICAL – BlueCross BlueShield of Tennessee (BCBST)

- Option 1 Standard Plan ~ S Network
- Option 2 Preferred Plan ~ P Network

The only difference between Medical Option 1 and Option 2 is the network.

Option 1, Network S does not include HCA hospitals. Both options have:

- \$1,500 individual calendar year in-network deductible plan
- \$3,000 family calendar year in-network deductible plan
- \$3,500 individual calendar year in-network out-of-pocket maximum (includes deductible)
- \$7,000 family calendar year in-network out-of-pocket maximum (includes deductible)
- \$20 office visit co-pay for preventive services
- Pharmacy copays of \$15 for generic, \$30 for preferred brand & \$45 for non-preferred brands

Eligible Domestic Partners may be covered in both medical options. Please call Human Resources for additional information before electing domestic partner coverage.

Please visit www.bcbst.com for S or P Network provider listings. All covered members have access to a 24-hour Nurseline (1-888-308-7231) as well as BluePerks discounts.

Review the Medical Plan Summary of Benefits to understand the coverage better, or for more details see the Evidence of Coverage document on the Cumberland Heights intranet under HR/Benefits. Identification cards will be mailed.

Medical bi-weekly payroll deductions

2010 Election	Option 1 - S	Option 2 - P
Employee only	\$21.80	\$40.37
Employee & spouse	\$114.47	\$149.62
Employee & child(ren)	\$98.12	\$128.24
Family	\$163.53	\$213.74

Complete the BCBST Enrollment form to enroll, or if you choose not to enroll, you need to enter your name on the front and check Medical in Section 6 and sign the back.

(The BCBST forms printed in red are used only for the Medical Plan election – do not check any other plan on the BCBST forms.)

Health Reimbursement Arrangement (HRA)- Pittman & Associates

HRA funds are provided for all employees enrolled in the Medical Plan. To help employees meet the first part of their Medical Plan deductible, the Cumberland Heights Employee HRA Plan will prefund an expense reimbursement account for employees enrolled in the Medical Plan. For **Employee Only medical coverage**, the HRA Plan will fund **\$1,000** for 2010; for **Family coverage, \$1750**. (For HRA purposes Family coverage represents employee plus any covered dependents.)

The HRA Plan does not reimburse prescription, vision or dental expenses. **No medical copays**, such as prescription or emergency room, qualify for HRA reimbursement. HRA funds are for the plan year and cannot be carried over to the next plan year. Unused HRA funds are forfeited at the end of the plan year.

Debit Card - Following initial enrollment in the HRA Plan, all covered employees will receive a MBI debit card from Pittman & Associates to use for point of sale transactions for covered reimbursements. One card will be sent if medical election is Employee-Only; two cards, if spouse is covered in the Medical Plan. Replacement cards cost \$6.00. HRA dollars are reimbursable by debit card transactions for covered expenses which apply to the medical plan deductible.

The debit card only works at medical providers (e.g. doctors, clinics, hospitals). Paper reimbursement is available if a medical provider does not accept the MBI debit card. Complete and sign the HRA form if you are enrolled in the medical plan.

DENTAL - Assurant

- Preventative services such as cleanings and exams are covered at 100%.
- Basic in-network services, such as fillings and extractions, are covered at 80%.
- Major in-network services, such as oral surgery and crowns are covered at 50%.
 - Calendar year deductible of \$50.00 Individual and \$150 Family (applies to Basic and Major services only)
- Calendar year maximum of \$1,500

See the Dental Plan Summary for details. Identification cards will be mailed. Enroll or decline coverage on the Assurant dental enrollment form.

2010 Election	Dental bi-weekly payroll deduction
Employee only	\$12.13
Employee & Spouse	\$31.52
Employee & Child(ren)	\$31.52
Family	\$31.52

Basic Life AD&D Coverage - Hartford

\$25,000 of employer-paid Basic Life/AD&D coverage is provided for all benefit eligible employees and paid by Cumberland Heights. Benefit eligible employees are automatically enrolled for this coverage but you do need to enter a beneficiary on page 3 and sign the Hartford form.

Supplemental Life and Voluntary AD&D Coverage - Hartford

- Voluntary Life is available for employees to purchase in increments of \$10,000 to a maximum of \$500,000. Rates are age banded (see summary sheet for details). The voluntary term life is optional and is in addition to the \$25,000 of Basic Life coverage Cumberland Heights provides. AD&D coverage is available and priced separately. Be sure to complete both enrollment amount and rate sections on the form if you are adding Life and AD&D. Employees are eligible for up to \$100,000 (guaranteed issue) with no medical information required if you apply when first eligible.
- Voluntary Life is available for a Spouse in increments of \$5,000 up to 50% of Employees approved coverage to a maximum of \$250,000. AD&D coverage is available and priced separately at employee's age. Be sure to complete both enrollment amount and rate sections on the form if you are adding Life and AD&D. Employees may cover their spouse for up to \$25,000 (guaranteed issue) with no medical information required if you apply when first eligible.
- An employee of Cumberland Heights cannot be covered as a Spouse.
- Voluntary Life available for dependent child(ren) 6 months to 19 years of age for \$10,000. Child(ren) under 6 months of age maximum coverage is \$1,000 (employee must have voluntary life coverage to cover child(ren) for either life or AD&D).

Rates change due to changing age brackets through the year and will be reflected on payroll deductions. Elect or Decline each of these benefits on the Hartford form.

A Hartford Personal Health Application is required for any initial election over the guaranteed issue amount. If electing coverage later than initial enrollment, a personal health application is required for any increase for employee or spouse life coverage. Request a personal health application from your benefits representative.

See the enclosed summary for more information or read the Hartford plan certificate on the Cumberland Heights intranet website under HR/Benefits for plan details.

You need to elect or decline each coverage and submit all 4 pages of the Hartford form.

Long Term Disability – Hartford

This employee benefit is paid 100% by Cumberland Heights.

- Covers 60% of monthly salary to a monthly maximum of \$5,000
- 90-day benefit waiting period

No election is necessary. See the Hartford plan certificate on the Cumberland Heights intranet under HR/Benefits for more details.

Flexible Spending Accounts – Pittman & Associates

Flexible Spending Accounts (FSA) for Health Care and Dependent Care must be elected or waived each year. By contributing a portion of your payroll dollars (maximum \$5,000 annually) into an FSA, and depending on your tax status, you may save 15%-40% on the cost of health care.

- Eligible employees may enroll in a Flexible Spending **Healthcare Account** (FSA HCA). An FSA HCA allows you to put aside up to \$5,000 of your money on a pre-tax basis to pay for unreimbursed medical, dental and vision expenses, as well as some over-the-counter medications according to IRS regulations. (see IRS PUB 502)
- Eligible employees may enroll in a Flexible Spending **Dependent Care Account** (FSA DCA). A FSA DCA account allows you to elect up to \$5,000 on a pre-tax basis to pay for child care expenses or adult day care expenses according to IRS regulations.

Complete the Pittman & Associates FSA form being sure to elect the amount of payroll you will redirect by entering the pay period or annual amount. (Ask your benefits representative to calculate the number of pay periods left in the year after your coverage starts.) You need to sign the second page of the form to elect or waive coverage.

IRS "use it or lose it" rules apply to both FSA and HRA accounts. There is no carry over or roll over for any funds.

For newly eligible employees, benefits for the above plans are effective the first of the month following 30 days of full time status.

Colonial offers outstanding voluntary benefit products priced affordably. See more information in your Colonial package and call Colonial at 800-325-4368 if you have questions not answered in the enclosed material for these benefits.

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|--------------------------------|---------------------------|
| ➤ Short Term Disability | ➤ Critical Illness |
| ➤ Accident Care | ➤ Medical Bridge |
| ➤ Cancer 1000 | |

– **Cumberland Heights provides \$500 Medical Bridge coverage free for all employees enrolled in the regular Cumberland Heights Employee Medical Plan, BUT YOU MUST ELECT THE Medical Bridge COVERAGE BY COMPLETING A COLONIAL ENROLLMENT FORM.**

Employees may buy additional coverage and also apply for dependent coverage. Pre-existing conditions will be waived for the \$500 free plan for employee coverage, and if additional employee Medical Bridge coverage is purchased, pre-existing conditions will be waived up to the \$1000 plan (payroll deductions apply for coverage above \$500 level – see chart in Colonial packet.) You need to elect or decline each benefit on the Colonial form and submit the form for processing. (Other coverage may require approval based on health.)

Colonial benefits are effective upon approval by Colonial.

Susan Newkirk at ***The Crichton Group*** is the dedicated Benefits Administrator for all employees of Cumberland Heights. Contact information:

Susan Newkirk
The Crichton Group
3011 Armory Drive, Suite 250
Nashville, TN 37204

(615) 687-2840 direct phone
(615) 687-2841 fax
Toll Free 800-488-8275
snewkirk@cbjw.net

Fax your enrollment forms to Susan Newkirk then submit your original benefit election forms to Bette White, Benefits Coordinator, in the Cumberland Heights Human Resources Department within your 30 day enrollment period. Please call Susan Newkirk if you have Life/Health benefit coverage questions.

Choose Carefully!

NOTE: After your enrollment period ends, you cannot make changes to your coverage for the plan year 2010 unless you experience a qualified change in family status, or Life Event such as:

- Loss or gain of coverage through your spouse's employer plan
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation or annulment
- Or other qualified event according to IRS or DOL regulations

You have **30** days from the date of a Life Event to make changes to your current election. If you do not notify Susan Newkirk or Bette White and submit change forms within 30 days of your qualifying event, the next opportunity for changing your benefits elections will be the following Annual Enrollment Period. The current Benefit Plan year is January 1, 2010 through December 31, 2010.

Benefit plan summaries are in your enrollment package. **More detailed plan information is posted on the Cumberland Heights intranet website under HR/Benefits. Employees may request printed copies by contacting Bette White in Human Resources.**

All benefits in all plans end on the date an employee is no longer active in a benefits eligible class with the following exceptions: Medical and Dental coverage ends the end of the month in which an employee terminates employment or becomes ineligible.

COBRA continuation may be available for Medical, Dental, FSA Healthcare and HRA coverage according to government regulations. Mangrove Employer Services is the COBRA Administrator and sends COBRA notices to eligible plan participants.

COMPLETE ALL FORMS TO ENROLL OR DECLINE.

While every effort was taken to accurately summarize the employee benefits in this overview, discrepancies or errors are always possible. If any discrepancies arise, the carrier certificates of coverage will be the governing document. For detailed plan information, please refer to the carrier benefits summaries included in your enrollment package.